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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/581,533	
	Filing Date	April 9, 2007	
	First Named Inventor	Graeme Sturgeon	
	Art Unit	3643	
	Examiner Name	Darren Ark	
Total Number of Pages in This Submission	3	Attorney Docket Number	

ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Restriction Requirement Response																
Remarks																		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> <table border="1"> <tr> <td>Firm Name</td> <td colspan="3">Raymond Van Dyke #97110</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Raymond Van Dyke</td> </tr> <tr> <td>Date</td> <td>June 18, 2010</td> <td>Reg. No.</td> <td>34,746</td> </tr> </table>			Firm Name	Raymond Van Dyke #97110			Signature				Printed name	Raymond Van Dyke			Date	June 18, 2010	Reg. No.	34,746
Firm Name	Raymond Van Dyke #97110																	
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CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Raymond Van Dyke	Date	June 18, 2010

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